

## ADMISSION AGREEMENT

Date of Enrollment \_\_\_\_\_ Name of Child \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Telephone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Telephone \_\_\_\_\_

Child's primary source of emergency health care \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's primary source of emergency dental care \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contacts (other than parents and people living in the child's home):

Name	Relationship to Child	Address	Phone Number

Persons authorized to pick up the child:

Name	Relationship to Child	Address	Phone Number

Describe any food sensitivities, allergies or special food needs which may pertain to your child while in care:

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In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.

O \_\_\_\_\_  
(Signature of parent or guardian)

I hereby give the provider permission to transport my child in the provider's vehicle for the following:

☐ to and from school      ☐ daily errands      ☐ scheduled activities      ☐ field trips

☐ other \_\_\_\_\_

O \_\_\_\_\_  
(Signature of parent or guardian)